

AARA Southwest Georgia Workforce Investment Intake/Registration

**Circle Yes or No or Write in the Information in the space provided.
For Assistance refer to Item # on form and Corresponding # in the Instruction/Description Area.**

1 SSN _____/_____/_____		2 Last _____		3 First _____		4 MI _____	5 DOB _____/_____/_____	6 Age _____	
7 Residence/Street Address _____			8 City _____	9 State _____	10 Zip _____	11 County _____	12 Phone _____		
13 Mailing Address (if different, if not put "same") _____									
14 Draft Yes / No	15 Veteran Yes / No	16 Spouse of Veteran Yes / No	17 Employed Yes / No	18 Limited English Yes / No	19 Homeless Yes / No	20 Offender Yes / No	21 Single Parent Yes / No	22 Disability Yes / No	
Education Level			23 High School Diploma Yes / No			24 GED Yes / No			
25 Years of Education Completed _____				26 Associate, Bachelor, Master, Doctorate (circle one)					
Do not complete highlighted areas. These areas are for staff only.									
Dislocated Worker Information		27 Category: Staff Use Only _____							
28 Dislocation Employer Name: _____				Last date of employment with employer _____/_____/_____					
Basic Skills Information				Staff Use Only					
Grade Level/Scale Score		Description		Instrument		Date of Test		Administer/Agency	
Reading		Form		Level					
Math		Form		Level					
Public Assistance Information									
30 TANF (w/in mo) \$ _____			31 Food Stamps (w/in 6 mos) monthly \$ _____			32 SSI Monthly \$ _____			
Family Information:			33 Number in Family _____			34 Adult Poverty Level \$ _____			
35 Have you been in a WIA program before Y / N _____									
Earnings for last 6 months			36 Date of Application _____/_____/_____			37 Back 6 mos _____/_____/_____			
38 List the relationship to you of all the people living in your home.		39 List Earnings for last 6 months for family members listed in relationships. List the name of the place where you worked or your relative worked.				40 Per Hour	41 # Hrs	42 Total	
Customer (you)									
Total Income							43 \$ _____,00		
44 By my signature below, I attest to the fact that all information provided by me and contained document, is true and correct to the best of my Knowledge. I grant the SWGA WIB permission to use the information gathered for this interview to determine my eligibility for funding through the Workforce Investment Act. I understand and grant permission to the SWGA WIB to contact other agencies to gather needed information to complete the eligibility process. I also certify that I AM / I AM NOT related to SWGA WIB Staff by blood, marriage, or court ordered procedure.									
						Please fax, 229-226-4755, or mail P.O. Box 2966 Thomasville, GA 31799			
45 Customer's Signature _____			46 Date _____						
I certify that I have reviewed this application and the appropriate verification documents. I further certify that the customer IS/IS NOT eligible for services and the customer as been informed.									
Interviewer's Signature _____			Date _____			2 nd Interviewer's Signature _____			Date _____